

Quick Reference Fee Schedule

By Type of Activity (July 2009)

Source: State of Washington Department of Labor & Industries Medical Aid Rules and Fee Schedule

Description	Code(s)	Limits	7/1/2009 Non-Facility Fee
Workers' Compensation Forms and Reports			
Report of Accident	1040M	AP only	\$37.84
Application to Reopen Claim	1041M	AP only	\$49.18
Loss of Earning Power, at insurer request	1027M	AP only	\$18.93
60 day report	99080	AP / psych service provider – 1 per 60 days	\$43.51
Occupational Disease History Form per insurer request	1055M	AP only	\$183.56
Opioids: Initial Report for treatment	1064M	AP only	\$56.77
Opioids: Progress Report Supplement	1057M	AP only	\$30.27
AP response to VRC/Employer request re: RTW (effective 2/1/08)	1074M	AP / psych service provider – on request	\$30.27
Review of Job Descriptions or Analysis: first one reviewed	1038M	AP / psych service provider – one per day	\$49.18
Review of Job Descriptions or Analysis: each additional review per day	1028M	AP / psych service provider – per review	\$36.89
Review of video material (report)	1066M	AP only – per request	By report
Activity Prescription Form insurer generated (** if restricted work or not released to work)	1073M	AP only – with ROA ** OR on insurer request	\$49.18
Care, Evaluation, and Management			
Team conference, patient present	Approp. level E&M	Physician only	Varies by code
Team conference, patient not present	99367	Physician only	\$131.06
Team conference, patient present	99366	Non- physician	\$71.37
Team conference, patient not present	99368	Non-physician	\$60.91
Telephone calls with employer, claim manager, other providers, or VRC	99441 - 99443	Physician only	\$24.00 - \$65.22
Telephone calls with employer, claim manager, other providers, or VRC	98966 - 98968	Non-physician	\$23.38 - \$65.22
Electronic communication (Physician)	99444	Physician only	\$44.30
Electronic communication (Non-physician)	98969	Non-physician	\$44.30
Consultation including report	99241 - 99245	MD, DO, DC, ARNP	\$82.45 - \$384.56
Chiropractic care	2050A - 2052A	One per day	\$41.20-\$64.29
Physical medicine procedures by non physical medicine AP	1044M	6 visits per claim	\$43.06
Mileage per mile over 14 miles	1046M	Prior authorization	\$4.86
IME Reviews and Impairment Rating by Attending Doctor			
AP review of IME Report written by another doctor per insurer request	1063M	AP only	\$37.84
AP written report after reviewing an IME written by another doctor	1065M	AP only, per request	\$28.37
Impairment Rating by AP per insurer request	1190M – 1192M	AP only	\$439.50 – \$616.93
Impairment Rating Addendum Report per insurer request	1198M	AP only	\$113.40

AP = Attending provider types (including doctors, PA-C and ARNP)

Also see **L&I's Medical Aid Rules and Fee Schedules** for complete rules and policies regarding the billing of these codes.

ARNP and PA-C providers are paid at a maximum of 90% of the allowed fee.

Quick Reference Authorization Guide 2009

Source: State of Washington Department of Labor & Industries Medical Aid Rules and Fee Schedule

Description	Prior authorization required for accepted condition?	Notes (PHL = Provider Hotline)	Who to Contact
Braces, crutches, and standard DME	Not usually	Check prior auth column of HCPCS fee schedule	1-800-848-0811
Chemical dependency treatment	Yes		Claim Manager
Consultations with specialists	Not usually	If IME pending or for psychiatric evaluations, Contact PHL	1-800-848-0811
Custom made shoes	Yes	Limited to ankle/foot injuries	Claim Manager
Dental restoration	Yes		Claim Manager
Diagnostic or therapeutic injections	Yes	<ul style="list-style-type: none"> If claim over 9 months old If claim involves cervical injections If claim under 9 months old, Contact PHL 	Claim Manager Claim Manager 1-800-848-0811
Glasses and contacts	No	Limited to replacement of broken glasses/contacts worn during injury or to restore vision following accepted injury/illness	
Hearing aids/masking devices	Yes	Fax PHL (360) 902-6490	1-800-848-0811
Home care, nursing home or discharge planning	Yes		Claim Manager
Immunizations	No	Limited to what is needed for accepted condition	
Inpatient hospital admission	Yes	Contact Qualis	1-800-541-2894
Massage	No 1st 6 visits	After first 6 visits, Fax PHL(360) 902-6490	1-800-848-0811
Mental health consultations	Yes		Claim Manager
Medications	In some cases	Formulary: www.Lni.wa.gov/ClaimsIns/Files/Providers/DrugFormulary.pdf or Contact Preferred Drug Hotline for authorization	1-888-443-6798
MRIs, CAT Scans, EMGs, NCVs, & arthrograms	No	Standing MRI is not covered	
Office Visits, including chiropractic care	In some cases	Auth required after first 20 visits or 60 days	Claim Manager
Opioids for chronic, noncancer pain (covered with proper documentation)	Yes	www.Lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/Opioids.pdf	Claim Manager
Outpatient surgery		List: www.Lni.wa.gov/ClaimsIns/Providers/Treatment/UtilReview/default.asp	
• on Utilization Review list	Yes	• on list: contact Qualis	1-800-541-2894
• not on Utilization Review list	Yes	• not on list: contact Claim Manager	
Pain Clinic	Yes		Claim Manager
Physical Therapy or Occupational Therapy			
• 1 st 12 visits on a claim	No		
• Visits 13-24, including work conditioning	Yes	• After first 12 visits, Fax PHL (360) 902-6490	1-800-848-0811
• Over 24 visits, including work cond.	Yes	• After 24 visits, Contact Qualis	1-800-541-2894
• Work hardening	Yes	• Approved providers only	Claim Manager
Prosthetics or orthotics	In some cases	Check prior auth column of HCPCS fee schedule	1-800-848-0811
Routine x-rays & lab	No		
Special equipment for home or vehicle	Yes		Claim Manager
Speech Therapy	Yes	After first 12 treatments	Claim Manager
Surgical appliances	Yes	Contact PHL	1-800-848-0811
TENS units and other stimulators	Yes	Contact PHL	1-800-848-0811
Transportation—cabulance & taxi	Yes	See WAC 296-20-1103	Claim Manager

For Non-covered treatment see: www.Lni.wa.gov/ClaimsIns/Providers/Treatment/CovMedDev/SpecCovDec/default.asp

For Prior Authorization information see: www.Lni.wa.gov/ClaimsIns/Providers/Manage/PreAuth

F245-387-000 [07-2009]